



**!**  
This legal document  
should be typed.  
All illegible  
documents  
will be REJECTED.

## Instructions for Filing Cancellation of Statement of Qualification of Limited Liability Partnership

[Section 7-12.1-901](#) of the General Laws of Rhode Island, 1956, as amended

*The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant statutory provision. This form and the information provided are not substitutes for the advice and services of an attorney and/or tax specialist.*

*All filings are public records under RIGL [38-2-1](#), et seq. This means all information is available to the public by a variety of methods including, without limitations, inspections at our office, telephone inquiries and electronically through our online database.*

### How to complete the form:

**Before submitting this form, ensure your entity has filed its final tax return and is in good standing with the RI Division of Taxation. You can confirm your tax status by contacting the RI Division of Taxation at [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov) or (401) 574-8941.**

1. List the entity's ID number. The ID number can be found by looking up your entity in the [Corporate Database](#).
2. List the name of the partnership. The entity name can be verified through our [Corporate Database](#).
3. List the date of the filing of the Statement of Qualification of Limited Liability Partnership. This date can be verified through our [Corporate Database](#).
4. The partnership cancels its Statement of Qualification.
5. The Partnership certifies that it has no outstanding tax obligations. As required by RIGL [7-12.1-914](#), the Partnership has paid all fees and taxes. [NOTE: Tax status can be verified by email [tax.collections@tax.ri.gov](mailto:tax.collections@tax.ri.gov)].
6. Check "Date Received" unless you prefer that the amendment goes into effect at a later date than when the form is received in this office. Any later date must be within 90 days of filing.
7. An authorized person **MUST** sign and date the form.

### How to pay the filing fee:

The filing fee is payable either by mail via check made payable to RI Department of State or in person via cash, credit card, or check at the Business Services Division, 148 W. River Street, Ste. 1, Providence, RI 02904. Contact our office at (401) 222-3040 for further information.

### How to confirm your filing:

Entity records are retrievable and viewable through our website. Successful filings will NOT result in a mailed confirmation. Filings that cannot be processed will be posted [online](#) and then returned. To confirm your submission and obtain evidence of your filing:

- Go to our [Corporate Database](#).
- Enter the name or ID number of your entity and click "Search."
- Click on the link to your entity record, scroll down, select "All Filings" and then "View Filing."
- Identify the desired type of filing and click on "PDF" under "View PDF" to view and print the record.



## Cancellation of Statement of Qualification

DOMESTIC Limited Liability Partnership

STAMP

FOR  
 SECRETARY OF STATE  
 USE ONLY

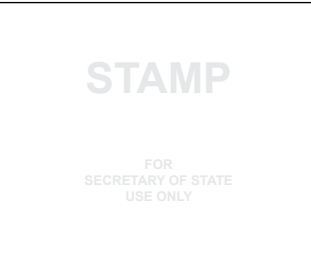
→ Filing Fee: \$50.00

The undersigned, desiring to cancel the Statement of Qualification of Limited Liability Partnership under and by virtue of the power conferred by RIGL [7-12.1-901](#), hereby executes the following Statement to Cancel the Statement of Qualification of Limited Liability Partnership:

1. Entity ID Number:	2. The name of the partnership is:
3. The date of filing of the Statement of Qualification is:	
4. The Partnership cancels its Statement of Qualification of Limited Liability Partnership.	
5. The Partnership certifies that it has no outstanding tax obligations. As required by RIGL <a href="#">7-12.1-914</a> , the Partnership has paid all fees and taxes. [Note: Tax status can be verified by emailing <a href="mailto:tax.collections@tax.ri.gov">tax.collections@tax.ri.gov</a> ]	
6. Date when this Statement of Cancellation will be effective: <b>CHECK ONE BOX ONLY</b>	
Date received (Upon filing)	
Later effective date (Date must be no more than 90 days from the date of filing) _____	
7. <i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Cancellation, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Person	
Signature of Authorized Person	Date

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040  
**Website:** [www.sos.ri.gov](http://www.sos.ri.gov)



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## Filer Contact Information

In the event our office needs more information in order to complete the filing of this document, we ask for the filer's contact information. **All fields are REQUIRED.**

Name:		Date:
Entity Name:		
Street Address:		
City:	State:	Zip Code:
Email Address:		Phone Number:

**VOLUNTARY  
DISSOLUTION**